FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P9400002994 (9)

TERRAC TECHNOLOGIES, INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address 1000 SOUTHERN BLVD 1000 SOUTHERN BLVD									
SUITE 300	ERN BLVD		1000 SOUTHERN BLVD SUITE 300						
	BEACH FL 33405		BEACH FL 33405						
						3. Date Incorporated or Qualified 01/06/1994		of Last Report 4/13/1995	
2. Principal Pla	ace of Business	2a. Mailing Add	ress			4. FEI Number 65-0460820		Applied For Not Applicable	
Suite, Apt. #	*, etc.	Suite, Apt.	#. etc			05 0100020			
22		27				5. Certificate of Status Desired	(Z)	\$8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing	F7	\$5.00 May Be	
23		28				Trust Fund Contribution		Added to Fees	
Zip 24	Country 25	Zip	F1	untry		8. This corporation has liability for in		x under s. 199.032,	
.24	9. Name and Address of Currer	29]	30	Ţ		Florida Statutes Yes 10. Name and Address of New Re		4 4	
····	J. Hame and Address of Carre	in ricgistored Agent	·	81	Name	to, Name and Address of New Ho	gisterea	Agent	
AACCDA	CKEN IOUN D				PACIFIC				
MCCRACKEN, JOHN B 505 S FLAGLER DR				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33402-3475				83					
WEST F	ALM BEACH FE 33402-34/5			84	City			85 Zip Code	
11. Pursuant to	n the provisions of Sections 607 0503	2 and 607 1508 Florid	n's Stabulos, the ab-		anuad asass	ration submits this statement for the purp	FL		
or registere	agent, or both, in the State of Fron	ida. Such change was	authorized by the	corp	oration's boa	ration such its this statement for the purp and of directors. I hereby accept the appo	intment as	inging its registered office. registered agent. I am	
larnılar witi	h, and accept the obligations of, Sect	tion 607,0505, Florida	Statutes.					5	
SIGNATURE	Signature, typed or ponted name of registered agent	Laustice Lapplicable	("#OTE: Filigstere	d Agen	t saje átlire, re y are	Make terrolating	DATE		
12.		ID D/RECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECTORS IN 12	
TIFLE	PSTD	□ DEI	LETE 11	TITLE				Change Addition	
NAME	CARUSO, MICHAEL L		128	IAME					
STREET ADDRESS	3468 CANAL CT		138	TREET	ADDRESS				
CITY-ST-ZIP	TEQUESTA FL			HY-S	I - ZIP				
TITLE	D	<u> </u>	LETE 2 11	TITLE				Change	
NAME	TOMEU, ENRIQUE A		2 2 N	IAME					
STREET ADDRESS	1000 SOUTHERN BLVD SUR		235	TREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 334	05	240	ITY - S	7 - 7iP				
TITLE		□ ĐE	_ETE 3 1 1	TITLE				Change Addition	
NAME			3 2 N	IAME					
STREET ADDRESS			3 3 5	STREE [ADDRESS				
CITY-ST-ZIP				ITY-S	I - ZIP				
TITLE		☐ DEL	LETE 4.11	TITLE				Change Addition	
NAME			4 2 N	AME					
STREET ADDRESS			438	TREET	ADDRESS				
CITY-ST-ZIP				IIY-SI	I - ZIP				
THILE		DEI	ETE 5 11	TITLE			Ī	Change Addition	
NAME			5 2 N	AME					
STREET ADDRESS			538	TREET.	ADDRESS				
CITY-ST-ZIP				17Y - S	i - 21P				
TITLE		DEI	.ETE 6.11	ITLE		, - 1,		Change Addition	
NAME			62N	AME	•				
STREET ADDRESS			635	TREET	ADDRESS				
CITY-S1-ZIP		***************************************	64C	1 - S1	r- ZIP				

I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copporation or the receiver or truesce empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed for my all attachment with an address.

SIGNATURE:

A PRINTED NAME OF SIDNING OFFICER OR DIRECTOR

4-26-96

833-5766